

GROUP MEDICAL DIRECTOR
DR. MEL BORINS

NO DEPOSIT REQUIRED FOR
PRE-REGISTRATION !

CME, BEACH & CULTURE IN BALI
APRIL 16 - MAY 1, 2016
PRE - REGISTRATION FORM

Title	_____	Number of registrants in your party	_____
First name	_____	Number of rooms required	_____
Surname	_____	Single	_____
Address	_____	Double	_____
Apt #	_____	Triple	_____
Street	_____		
City	_____		
Province	_____		
Country	_____		
Postal code	_____		
Telephone no.	_____		
Fax no.	_____		
e-mail	_____		

How did you hear about doctors-on-tour ?
(Please check as many boxes as apply)

Existing client	_____				
Fax	_____	Ad - Medical Post	_____	Google web search	_____
e-mail	_____	Ad - Doctors Review	_____	CME listing	_____
				Existing client referral	_____
				Name of referral	_____

Thank you for pre-registering for this program.

We are holding a place for you and will send you a complete information and registration package as soon as it is available.

You will then have 7 days from the date that we issue the full information and registration package to pay your deposit, thereby confirming your registration.

Pre-Registration Forms should be forwarded by fax, e-mail (scan) or regular mail to the contact co-ordinates below

Doctors-on-Tour
Toronto, Ontario, Canada
Tel: 416-231-8466
Toll free: 1-855-DOC-TOUR (362-8687)
Fax: 1-888-612-1459
e: info@doctorsontour.ca
www.doctorsontour.ca
TICO # : 50009110
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